

APPLICATION FOR PLAN REVIEW

Location

Business Name: _____

Assessor's Map and Parcel Number: _____

Property Address: _____

Owner of Property

Name: _____

Address: _____

Telephone: _____

Applicant

Name: _____

Address: _____

Telephone: _____

FAX: _____

Engineer

Name: _____

Address: _____

Telephone: _____

Attorney

Name: _____

Address: _____

Telephone: _____

FAX: _____

Storage Tanks

Existing _____

Number _____

Size _____

Above Ground _____

Underground _____

Contents _____

Proposed _____

Number _____

Size _____

Above Ground _____

Underground _____

Contents _____

Zoning Classification

District _____

Groundwater Overlay _____

Sewage Daily Flow _____

Lot Area _____

Fire District _____

Number of Buildings

Existing _____

Proposed _____

Demolition _____

Utilities

Sewer - ☐ Public ☐ Private

Water - ☐ Public ☐ Private

Electrical - Aerial ☐ Underground

Gas - ☐ Natural ☐ Propane

Total Floor Area By Use

Residential _____

Office _____

Medical Office _____

Commercial _____

Wholesale _____

Institutional _____

Industrial _____

(Specify Use) _____

Use Group Classification _____

All Other Uses On Site _____

Parking Spaces

Required _____

Provided _____

On-Site _____

Off-Site _____

Handicapped _____

Curb Cuts

Existing _____

Proposed _____

To Close _____

Totals _____

Previous Site Plan Review File # _____	Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Zoning Board of Appeals File # _____	Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the site located in a Flood Area?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Area of Critical Environmental Concern?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Project within 100' of Wetland Resource Area?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site Sketch – informal presentation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site Plan, prepared, wet stamped and signed by a Registered PE and/or PLS		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parking and Traffic Circulation Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landscape Plan and Lighting Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drainage Plan with Calculations and Utility Plan		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Building Plans (all floor plans, elevations, cross sections)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note that all signage must be approved by Code Enforcement Officer at the Building Department

Lot area in sq. ft. _____ sq. ft.
 Total Building(s) footprint _____ sq. ft.
 Maximum Lot Coverage as % of Lot _____ %.

GROUND WATER PROTECTION OVERLAY DISTRICT REQUIREMENTS: DISTRICT: _____

Lot Coverage (%)	Required _____	Proposed _____
Site Clearing (%)	Required _____	Proposed _____

PRINCIPAL BUILDING

Number of floors _____ Height _____ ft.

FLOOR AREA:

Basement _____ sq. ft. Second _____ sq. ft.
 First _____ sq. ft. Attic _____ sq. ft.
 Other (Specify) _____ sq. ft.

ACCESSORY BUILDING(s) ☐ Yes ☐ No

Number of floors _____ Height: _____ ft.

FLOOR AREA:

Basement _____ sq. ft. Second _____ sq. ft.
 First _____ sq. ft. Attic _____ sq. ft.

Please provide a brief narrative description of your proposed project:

I assert that I have completed (or caused to be completed) this page and the Site Plan Review Application and that, to the best of my knowledge, the information submitted here is true.

 Signature of Applicant

 Date

 Printed Name of Applicant

Revised 11/04/2012